Ohio Valley Society
Of Plastic Surgeons

Statement to the House Health Committee
HB 191-Certified Registered Nurse Anesthetist Scope of Practice
Opponent Testimony Presented by Anne Taylor, MD
Ohio Valley Society of Plastic Surgeons
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Good morning, Chair Huffman; Vice Chair Gavarone, ranking member Antonio and members of the Health Committee. My name is Dr. Anne Taylor, and I am here today on behalf of the Ohio Valley Society of Plastic Surgeons to testify in opposition to Substitute House Bill 191. I have been practicing plastic surgery for over 20 years.

The majority of procedures I perform are not done in a hospital OR, but rather an outpatient surgery center setting, and are done with a surgical team that includes certified registered nurse anesthetists, or CRNAs. The team includes the CRNA who is overseen by the Anesthesiologist who is present at anesthetic induction, and immediately available throughout the case. I am most comfortable in my practice when there is an anesthesiologist available, and that is my preferred method of practice. However, if an anesthesiologist is not supervising the CRNA, this bill should clear up all ambiguity on what the CRNAs are trying to accomplish through an expanded scope as it is filled with unanswered questions.

I want to emphasize first that the concerns that physicians are sharing with the committee today about this legislation are not limited to the hospital-based context. The impact of the undefined, broad provisions outlined in Substitute House Bill 191 also extend into outpatient care. Regardless of whether we are working in a hospital, in a smaller practice, in a rural area, or in an urban, larger city environment, my colleagues and I are similarly troubled by this bill.

If the scope of practice of any health care professional is to be expanded, it should also never be done at the expense of patient safety. Under the current model of anesthesia care, everyone on the surgical team has clear and well-defined roles. But under this legislation, it is extremely unclear exactly how the broadened roles of the CRNA fit into patient care scenarios, as the provisions of the bill are vague and key terms are undefined.

As physicians, we strive to provide our patients with the best quality care. With the lack of specific definitions in this bill to describe exactly what a CRNA is permitted and not permitted to do, and when this authority is granted, much of these specifics would be left up to individual interpretation. But there is no room for confusion when it comes to patient safety. If each

health care facility were to interpret these provisions differently, that would obviously cause serious confusion and set us back from the current approach to surgical care. It is irresponsible to expand any provider's scope of practice without clearly defining the permissions and limitations of the new functions the provider can perform, and doing so could pose significant risk to our patients.

This version of the Substitute House Bill 191 reinstates physician, dentist, or podiatrist supervision of CRNAs. However, Ohio law does not define this supervision, and the bill fails to comprehensively explain it. It requires that the CRNA be in the immediate presence of the physician, dentist, or podiatrist when administering anesthesia and performing anesthesia induction, maintenance or emergence, which is also current law. But there is no definition for what supervision would entail in the case of the expansions to the CRNA's role, including the ordering authority. We do not know what can be ordered, when, and what supervision means in relation to the changes the bill is proposing.

I am deeply troubled by all of the unanswered questions associated with Substitute House Bill 191, and I echo my colleagues in asking, what is the patient care need for this legislation?

Thank you again for hearing my comments today. I would be happy to answer any questions you might have for me.